

# **Board of Directors Report to the Membership** October, 6, 2010

We, the members of AFHTO's 2009-10 board of directors, are thrilled to welcome you to the second annual meeting of the AFHTO membership. Since our association's grassroots birth four years ago, your support has allowed AFHTO to emerge as a strong, united voice for Family Health Teams in Ontario.

Thanks to committed volunteers from many FHTs, we have made amazing progress in the past year. Building from the direction you provided at last November's leadership retreat, we are on track to take AFHTO to the next level and deliver greater even greater value to all our members.

That retreat was a seminal event in our development. It brought together about 150 leaders from over 50 FHTs in Ontario to inform AFHTO's agenda for the near to mid-term horizon, and obtain the consensus and buy-in required to mobilize members.

Our collective conclusion from the retreat was that AFHTO plays four main roles on behalf of its members:

## Advocate/Champion

As an Advocate and Champion, AFHTO provides an interface for on-going dialogue between FHTs and the Ministry, advocates attaining appropriate Government support for FHTs, and promotes the value of FHTs across Ontario.

## Network/Convener

As a Network and Convener, AFHTO facilitates on-going collaboration and knowledge exchange between FHTs and establishes relationships with other professional organizations on behalf of FHTs.

## **Resource Center**

As a Resource Centre, AFHTO provides information, tools and educational support related to inter-professional care to FHTs, patients, and the public.

# **Establish Standards**

In collaboration with the Ministry and other professional organizations, AFHTO establishes standards to support FHTs in operating effectively and delivering quality, inter-professional care.

Retreat participants also gave clear direction on what was needed to enable AFHTO to fulfill these four roles, and we've made significant progress since. We have:

# Formalized AFHTO governance and operations:

October 6, 2010 marks the first full AGM, including the first election of board directors by the members and the request for the membership to confirm the association's bylaws.

It also marks the one-month anniversary of our very first staff member and Executive Director, Angie Heydon. Angie has brought to AFHTO twenty years' experience in working with boards of directors, management teams, committees and stakeholders in planning, governance, organization development, policy and communications. She has worked as a staff member in a number of health provider associations and government agencies, namely, the Ontario Health Quality Council, College of Family Physicians of Canada, Association of Ontario Health Centres, Cancer Care Ontario, the Ontario Medical Association and the Workplace Safety and Insurance Board.

# Launched the infrastructure for improved membership communications:

Communication is the critical backbone for any membership-driven organization. AFHTO will launch new a website and brand on October 6. By end of fall we will also launch a "members-only" area on the website, including a members' forum, and regular e-mail updates to the membership.

# Formalized our relationship with MOHLTC:

AFHTO has served as the forum for sharing FHT issues, concerns, and ideas, and formulating policy statements and recommendations to the government. The November 2009 Leaders Retreat is an excellent example of collective idea-sharing and problem-solving: it achieved remarkable consensus on the most pressing issues for FHT success.

The following March we met with the Health Minister's staff and exchanged correspondence with Minister Deb Matthews. She is fully knowledgeable about and supportive of the Family Health Teams. There is general consensus that the FHT model of team-based care is the right approach to meeting mutual goals of patient enrollment and quality primary care. The Minister's Office welcomes AFHTO as a credible advocacy voice for FHTs and will ensure on-going communications.

The Ministry's Primary Health Care branch has committed to meet regularly. Our first meeting on August 26 began to deal with our most

pressing issues. Coming out of that meeting, we heard the Ministry's commitment to:

- Explore possible improvements to speed up process to get budgets approved.
- Work with individual FHTs that are experiencing cash flow problems to flow funds at the beginning of the month. Meanwhile PHC Branch is looking into the possibility of an exception to Government of Ontario fiscal policy FHTs on the question of cash flows at the beginning rather than the end of each month.
- Work with a small group of FHT EDs to find solutions to problems with WERS and ASRER, including preparing a letter for FHT auditors to clarify/resolve the audit issues. This work is actively in progress.
- Consider the question of funding for travel and education for northern FHTs, in line with what is provided to other northern health organizations.
- Provide an opportunity for AFHTO to comment on an Ontario Telemedicine Network support policy that is in development.
- Receive a proposal from AFHTO to develop and support FHT governance and strategic planning, and for cost-effective training to meet legislated obligations such as workplace health and safety, for potential project funding

As well, AFHTO continues to participate in the Ministry's FHT Action Group, together with representatives from other associations representing the various health professions working within FHTs.

## Further developed our relationships with other organizations:

Many of our board members are also involved in other related associations. This, together with participation on the FHT Action Group, has enabled board members to establish and nurture relationships with organizations such as the Quality Improvement and Innovation Partnership (QIIP), the Ontario College of Family Physicians, the Association of Ontario Health Centres and others. Our new ED's background strengthens our links to these and other related organizations.

## Developed valuable services for members

When FHTs were first established, AFHTO took on the task of identifying and facilitating access to resources to enable FHTs develop appropriate legal, financial, and managerial structures. Since then our Commercial Advisory Committee has developed guidelines for goods and service providers and is in the process of reviewing the first round of proposals from service and benefit package providers.

Through workshops and conferences, AFHTO has brought to FHTs useful tools, innovative techniques and strategies for practice improvement.

Topics have included disease and pain management initiatives, use of patient registries, telehealth opportunities, bringing in orphan patients, and fostering effective teamwork. The AFHTO 2010 Conference generated about 60 submissions from FHTs to present workshops or posters to their peers, giving tangible evidence of FHT interest in participating for the benefit of all FHTs.

By bringing together people from FHTs across the province at events such as the conference and the leadership retreat, AFHTO also delivers productive, value-added interaction for FHT leaders and staff, and helps to build relationships and grow the FHT network

# Expanded our membership:

From the 11 members who launched AFHTO 4 years ago, as of September 1, 2010 AFHTO has grown to a total of 94 out of 150 operational FHTs.

Why have FHTs joined AFHTO? Our members recognize that:

- AFHTO is the only association that is all about FHTs: how FHTs can improve quality performance, advance primary care reform, and ensure their sustainability.
- AFHTO provides a focal point for FHTs to share concerns and to speak with a common voice with the Ministry and other stakeholders.
- AFHTO members have access to resources and benefits identified and negotiated on behalf of the FHTs to improve governance, promote efficiencies and implement best practices.
- AFHTO is led by, representative of, and accountable to all member FHTs. As AFHTO has increased in members and expertise, it has become an increasingly effective advocate.

Going forward, our unity brings us strength. Our board, our new ED, and our many, many volunteers will continue to build the value of AFHTO. We hope this will encourage all 200 FHTs – established and newly announced – to join with us. Our unified representation will help FHTs sustainably reform primary care in Ontario.

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